

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SPINAL ROD CONNECTOR
Attorney Docket Number::	DUQ-002 (DEP5290)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	6
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Iain
Family Name::	KALFAS
City of Residence::	Beachwood
State or Province of Residence::	OH
Country of Residence::	US
Street of mailing address::	6 Nantucket Court
City of mailing address::	Beachwood
State or Province of mailing address::	OH
Postal or Zip Code of mailing address::	44122

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Tom  
Family Name:: DOHERTY  
City of Residence:: Bellingham  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Chamberlain Road  
City of mailing address:: Bellingham  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02109

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Family Name:: SELVITELLI  
City of Residence:: Millis  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 64 Plain Street  
City of mailing address:: Millis  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02054

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Stephen  
Family Name:: JOHNSON  
City of Residence:: Johnston  
State or Province of Residence:: RI

Country of Residence:: US  
Street of mailing address:: 38 Rollingwood Drive  
City of mailing address:: Johnston  
State or Province of mailing address:: RI  
Postal or Zip Code of mailing address:: 02919

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Family Name:: MAZZUCA  
City of Residence:: North Easton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 9 Bridge Street  
City of mailing address:: North Easton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02356

**Correspondence Information**

Correspondence Customer Number:: 00959

**Representative Information**

Representative Customer Number:: 00959